

**Commonwealth of Kentucky  
Kentucky State Board for Proprietary Education  
PO Box 1360  
Frankfort, Kentucky 40602  
502/564-3296, ext. 239**

**CDL INSTRUCTOR LICENSE RENEWAL APPLICATION**

Date application is completed: \_\_\_\_\_

Name of instructor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Age: \_\_\_\_\_ (Must be 21 years of age or over) Telephone # ( ) \_\_\_\_\_

Do you currently hold a valid drivers license? \_\_\_\_ Yes \_\_\_\_ No If yes, list all states: \_\_\_\_\_

Do you currently hold a CDL? \_\_\_\_ Yes \_\_\_\_ No If yes, list all states: \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony in this state or any other? \_\_\_\_Yes \_\_\_\_No If yes, attach detailed explanation on separate sheet.

Name of school: \_\_\_\_\_

Address of school: \_\_\_\_\_

(Telephone #)

Date of employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Specify position: \_\_\_\_\_

List specific duties to be performed: \_\_\_\_\_

Explain in **detail** your qualifications for teaching the above listed course(s)

**EDUCATION**

School Name and Location (High School, Technical, Trade, College)	Course completed or degree earned (Specify major or Minor Field)	From	To

If the applicant is not a high school graduate, does he/she have a GED? \_\_\_\_Yes \_\_\_\_No

**APPRENTICESHIPS –ON-THE-JOB TRAINING, ETC.**

Name and Location	Subjects	From	To

### TEACHING EXPERIENCE

Name and Location	Subjects	From	To

### EMPLOYMENT RECORD (DO NOT INCLUDE TEACHING)

Name and Address of Employer	Duties-Specify Machines Operation, License Held, Union Card Held, Etc.	From	To

### CERTIFICATES OF CHARACTER

*(Must be completed by responsible persons other than relatives or co-workers)*

1. I certify that I am personally acquainted with \_\_\_\_\_ and that to the best of my knowledge and belief, he/she is of good moral character, I therefore recommend him/her as being worthy to be issued a CDL instructor license in the Commonwealth of Kentucky.

Name: \_\_\_\_\_ Profession: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. I certify that I am personally acquainted with \_\_\_\_\_ and that to the best of my knowledge and belief, he/she is of good moral character, I therefore recommend him/her as being worthy to be issued a CDL instructor license in the Commonwealth of Kentucky.

Name: \_\_\_\_\_ Profession: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### AFFIDAVIT

***State law requires a state and national criminal history background check of all instructors as a condition of applying for this license. Any person who refuses to submit to a criminal history background check shall not be eligible to apply for, or be issued, a license.***

**I certify that all information given is true and correct to the best of my knowledge and that I meet the minimum requirements as set forth in KRS Chapter 165A, and corresponding Administrative Regulations. I hereby affirm that I have not been arrested or convicted of a misdemeanor or felony since initial application for a CDL instructor license was submitted and processed.**

\_\_\_\_\_  
(Signature of Instructor)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Authorized School Official)

\_\_\_\_\_  
(Date)

**NOTIFICATION OF TERMINATION  
OF EMPLOYMENT**

Upon the termination of this instructor's employment with the school named above, this notification **must** be completed and submitted to the KENTUCKY STATE BOARD FOR PROPRIETARY EDUCATION with a copy of the instructor license application immediately. (If termination is for disciplinary action, please attach documentation.

Date of Termination: \_\_\_\_\_

Reason for termination (resignation, retirement, lay-off, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Signature of Instructor)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Authorized School Official)

\_\_\_\_\_  
(Date)